



STRATEGIC PLAN

Fiscal Year 1998-99

Strategic Plan

Fiscal Year 1998-99

**Pete Wilson
Governor**

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EXECUTIVE SUMMARY

I am pleased to present the California Department of Mental Health's Strategic Plan. This plan articulates the department's direction for the future of public mental health services in the State of California. The key elements of the Strategic Plan are the department's mission, vision, values, goals, objectives and performance measures. The plan is designed to be continuously monitored, evaluated and updated. As part of the budget process, all budget change proposals will be linked to the Strategic Plan.

An internal planning, implementation, and evaluation process has been established to assure that the mission and vision for mental health services is operational within the department. The internal process provides a feedback loop to assess progress in meeting our objectives. Also, the process is ongoing to allow flexibility in response to statutory, fiscal, and unanticipated changes.

The Executive Management Team representing all administrative, clinical, and community aspects of the department formed the central planning group. All staff were given the opportunity to review and provide input on the draft goals, objectives, and performance measures. This Strategic Plan reflects the culmination of input from our internal and external stakeholders. External stakeholders are all who have a stake in the welfare or success of the department including, but not limited to, customers, providers, the community, other state departments and the public at large.

Other State Plans

In fulfilling the mission of the California Department of Mental Health, a variety of strategic plans exist within the department. These planning documents articulate the steps that will be taken to achieve the department's goals in specific areas. In addition to the department's Strategic Plan, the other plans include the Five Year Capital Outlay Plan, Information Technology Strategic Plan, the Medi-Cal Managed Mental Health Care Plan, the Strategic Plan on the Future of State Hospitals, the Strategic Plan for Forensic Populations, the Mental Health Cultural Competence Plan, and the federal Substance Abuse and Mental Health Services Administration Block Grant Application.

Throughout the state, four State Hospitals and the one acute psychiatric facility in Vacaville provide services to those persons experiencing the most serious psychiatric disabilities. The State Hospitals offer partial hospitalization and out patient services to varied populations. Because the State Hospitals services and population are so unique, each state hospital has its own Strategic Plan. All of the various plans set forth annual goals, objectives and performance measures that complement and are in support of the department's Strategic Plan.

The department is in the process of aligning our Training Plan with the department's Strategic Plan. The Staff Development Steering Committee, consisting of various levels of staff, is organized, in part, to make recommendations and oversee the development of the Annual Training Plan. In addition, the Steering Committee, the department's Training Officer and the Strategic Planning Coordinator are working together to link the training activities to support specific strategic goals and objectives, such as the implementation of a new employee orientation curriculum and the development of a core training curriculum that includes the department's work philosophy and value system.

STEPHEN W. MAYBERG, Ph.D., Director

TEAMWORK....TOGETHER WE ACHIEVE THE EXTRAORDINARY

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INTRODUCTION

As a state public agency, we have worked closely with the mental health constituency to develop a system of partnerships and coordinated interagency systems of care. These models have provided the framework for success in developing department programs and coordinating services in the treatment of children, adults, and older adults who are seriously mentally ill. Staff of the department constantly strive to find the most effective use of resources and innovation at all levels in areas of treatment, prevention and intervention. Additionally, the department's philosophy has been to actively include stakeholders of mental health services in the development of programs as reflected in managed care, the future of state hospitals, the department's regulations, performance outcome measures, cultural competency and patients' rights. We look forward to continuing and refining these partnerships as we effectively meet the challenges facing the mental health system in California.

One of the services we provide to the mental health system in California is the care and treatment of the seriously mentally ill in the state hospitals. Our state hospital programs and staff have passed national rigorous accreditation reviews. Each hospital is staffed with a complement of professionally trained clinicians and administrative support teams. Our state hospitals provide full-time inpatient care to the most seriously mentally ill who are incapable of living in the community. These referrals come to us from county mental health departments, the courts, the Department of Corrections and the California Youth Authority.

MISSION STATEMENT

The California Department of Mental Health,
entrusted with leadership of the California mental health system,
ensures through partnerships the availability and accessibility
of effective, efficient, culturally competent services.
This is accomplished by advocacy, education, innovation, outreach,
understanding, oversight, monitoring, quality improvement,
and the provision of direct services.



VISION STATEMENT

The California Department of Mental Health envisions a mental health system where all of our customers' needs are met.

- ◆ Consumers live, work and learn in their community.
- ◆ The community is safe and industrious.
- ◆ Relationships are primary among employees, consumers, families, and business partners.
- ◆ Diversity is appreciated as a source of strength and balance.
- ◆ Society is aware and appreciates the realities of mental illness.
- ◆ Success is determined through outcomes.
- ◆ The department meets challenges through partnerships, creativity, flexibility, innovation and research.
- ◆ Consumer and family needs drive the creation of public policy.
- ◆ Everyone takes responsibility for continuous improvement of the mental health system.

The California Department of Mental Health's vision is embraced as a common goal by our employees, consumers, families, and business partners.

CORE VALUES

We, the California Department of Mental Health, are dedicated to:

- ◆ providing leadership, innovation and advocacy in the provision of mental health services to fully succeed in our mission.
- ◆ providing a supportive organization which fosters and recognizes the energies and talents of our employees and other stakeholders; where innovation, leadership, training and recognition are essential.
- ◆ endeavoring to provide consistent quality and professional mental health services that are driven by effective research and outcomes.
- ◆ meeting and striving to exceed our stakeholders expectations of our performance.
- ◆ being sensitive and responsive to the needs of consumers, families, co-workers and other stakeholders and treating everyone with fairness, honesty, courtesy and respect.
- ◆ establishing a fully integrated and coordinated mental health system by developing partnerships internally, as well as with other departments and concerned stakeholders.
- ◆ striving for informed, responsible and collaborative decision-making at all levels, drawing upon the wisdom and knowledge found throughout the organization.
- ◆ creating an environment which fosters open communication, where ideas can be freely expressed, constructively challenged; where creativity and productivity are encouraged, recognized and rewarded.
- ◆ making each person a part of the team by valuing employee creativity and acknowledging that creativity means taking risks and learning from mistakes.

INTERNAL AND EXTERNAL ASSESSMENT SUMMARY

Throughout the year, the Executive Management Team has continued to work on achieving the goals, objectives and performance measures contained in the Fiscal Year 1997-98 Strategic Plan.

As part of our continuous improvement, employees and external stakeholders reviewed the draft Fiscal Year 1998-99 Strategic Plan and assessed the capability of the department to move forward with implementation of the plan.

A Strategic Plan Employee Workgroup composed of a cross-section of Department of Mental Health management, supervisory and line staff including representation from the State Hospitals reviewed the internal stakeholders comments, current operations and plans, and identified customer needs. The workgroup was organized to review and refine the various components of the Strategic Plan and to produce recommendations which were collectively discussed and presented to the Executive Management Team for final approval.

The Executive Management Team believed that it was important to obtain feedback from the department's constituencies. Key constituencies throughout the state reviewed and commented on the various components of the Strategic Plan. These comments were also categorized and presented to the Executive Management Team for final incorporation.

The Strategic Plan was made available to all staff via the Local Area Network (LAN) and the Department's Intranet to assure that the assignments under their responsibility are on schedule. In addition, all employees were provided an Executive Summary of the Strategic Plan so that they can be aware of the overall mission and goals of the department as they complete their ongoing assignments.

EXECUTIVE MANAGEMENT TEAM

The Executive Management Team continues to meet offsite to assess changes in the environment and respond to them, facilitate ongoing communication throughout the Department, track progress on achievement of departmental goals, objectives, and performance measures and allow a group consensus approach to department-wide issues. The meetings provide the team an opportunity to act upon barriers to productivity and communication, to mirror values, and to ensure all parts of the organization are moving in the same direction.

The Strategic Plan will be reviewed by the Executive Management Team at least annually. Adjustments will be made as needed to reflect environmental changes and completed performance measures. The Executive Management Team includes the following:

Director's Office

Stephen W. Mayberg, Ph.D.
Director

Penny Knapp, M.D.
Medical Director

Carl Elder
Chief Counsel, Office of Legal Affairs

Rachael Guerrero
Chief, Office of Multicultural Services

Jaime Guzman
Assistant Director, Office of Legislation

Angela Lazarow
Chief, Office of Human Rights

Nora Romero
Chief, Office of Community and
Consumer Relations

Administrative Services

Linda A. Powell
Deputy Director, Administrative Services

William Avritt
Chief, Human Resources

Fran Coletti
Chief, Financial Services

Lynda Kahn
Strategic Planning Coordinator

Ken McKinstry
Chief, Information Technology

Long Term Care Services

John Rodriguez
Deputy Director, Long Term Care Services

Cindy Radavsky
Assistant Deputy Director, Long Term
Care Services

Sylvia Blount
Executive Director, Vacaville Psychiatric
Program

Jon DeMorales
Executive Director, Atascadero State Hospital

William Silva
Executive Director, Metropolitan State
Hospital

William Summers
Executive Director, Patton State Hospital

Long Term Care Services (Cont'd.)

Frank Turley
Executive Director, Napa State Hospital

Harry Booth
Chief, Hospital Operations

Nick Burgeson
Chief, Long Term Care Reform

Robert Florida
Chief, Forensic Services

Program Compliance

J. Ruben Lozano, Pharm.D.
Deputy Director, Program Compliance

Systems of Care

Gary Pettigrew
Deputy Director, Systems of Care

Carol S. Hood
Chief, Systems Implementation and
Support

PERFORMANCE MEASURES

Performance measures and timelines are identified within the five major goals and subsequent objectives. Each of the assigned coordinators is responsible for the development, implementation, evaluation and revision of the performance measures. The Strategic Plan is designed to be continuously tracked, monitored, and evaluated in order to strive for a balance of outcome, efficiency, and quality measures. The achievement of the Department's goals, objectives and performance measures will be communicated on a regular basis to our internal and external stakeholders. The Strategic Planning Coordinator oversees the quarterly progress reporting by the Executive Management Team.

Resources will be provided for appropriate staff development, training and education in monitoring the goals and evaluating progress of the Strategic Plan.

RESOURCE ASSUMPTIONS

Fiscal Year 1997-98

The 1998-99 Governor's Budget, as introduced in January 1998, included a total of \$1.3 billion for Fiscal Year 1997-98. However, in early February 1998, the Department filed a deficiency notification with the Department of Finance associated with the pre-commitment SVP population. This population reflects those individuals who have not completed the full judicial process required before commitment as an SVP to a DMH State Hospital. At the time the deficiency was filed, the DMH had 133 pre-commitment SVPs housed at Atascadero State Hospital for which no funding had been included in the 1997-98 budget. The deficiency request filed by the Department recognized savings in the funding which had been appropriated for the SVP commitment population. This savings (\$6,970,000) was used to offset the cost of the deficiency for the pre-commitment population. The Department of Finance approved a deficiency request in the amount of \$7,053,000 for the current fiscal year. That funding is currently included in the omnibus deficiency legislation (AB 2810) which is expected to be signed by the Governor in August 1998. With the exception of the SVP deficiency the resources included in the current year budget were adequate to allow the Department to accomplish goals, objectives and performance targets during Fiscal Year 1997-98.

Fiscal Year 1998-99

The proposed DMH budget for Fiscal Year 1998-99, including adjustments per the Finance Letter and May Revision processes, totals \$1.3 billion dollars coming primarily from the General Fund (\$580.3 million), reimbursements (\$654.9 million) and federal funds (\$38.8 million). At this particular time the Legislature is considering several significant augmentations to the Department's budget related to the expansion of the Children's System of Care Program and for additional staff and support for the Children's Program at Metropolitan State Hospital. In addition, an augmentation has also been approved by the Legislature which would provide funding for the development of supportive housing for California's disabled population. The final outcome on these augmentations rests with the Administration.

For Fiscal Year 1998-99, DMH was very successful in obtaining funding to support caseload adjustments in both the Managed Care Program and the State Hospitals, which continue to see an increase in the Judicially Committed/Penal Code populations. In addition, for the first time in many years, there has also been an increase in the number of Lanterman-Petris-Short beds to be purchased by the counties. Other significant funding was also provided to increase the Department's

capabilities with regard to the federally required activities associated with oversight of the Managed Care Program. Support has also been provided for the construction phase of a new 250 bed housing unit at Atascadero State Hospital, as well as funding for the preliminary activities which will result in the construction of a new 1,500 bed facility to house and treat the SVP population.

Based on these Administration approved augmentations, DMH believes that the Fiscal Year 1998-99 budget, as proposed, includes sufficient resources to allow the Department to accomplish goals, objectives and performance targets during Fiscal Year 1998-99 with one possible exception. The Legislature is currently debating an increase in the Medi-Cal rate paid to physicians. Should such an increase be approved, DMH's Managed Care Program would be impacted. It was agreed during implementation of mental health managed care that rates paid to providers would remain the same as those paid to Medi-Cal health care providers. Based on the current increases proposed in the 1998-99 budget, DMH would have a shortfall estimated at \$500,000.

Fiscal Year 1999-2000

At this time the need for additional resources to support the budget of the Department of Mental Health in Fiscal Year 1999-2000 would again occur in the area of caseload increases in the forensic population, including the Conditional Release Program and for managed care. Expansion of Children's System of Care statewide continues to be a high priority for DMH and is also an essential part of Foster Care Reform. Pending final action on the current augmentation included in the Budget, DMH will likely be requesting the remaining funding necessary to implement Children's System of Care on a statewide basis. In addition, other needs have also been recognized for the State Hospitals, specifically related to the medication distribution systems at two of the facilities and the ongoing costs of providing adequate patient care which impacts the budget for such items as drugs and food, as well as other patient driven operating expense costs. Other needs may also arise as the Department of Mental Health continues to seek improvements to California's public mental health system and meet its future goals and objectives.

CALIFORNIA DEPARTMENT OF MENTAL HEALTH
SUMMARY OF BUDGET TOTALS BY FUNDING SOURCE
Fiscal Year 1996-97 through 1998-99

(Dollars in Thousands)

	1996-97 Actual	1997-98 Estimated <u>1/</u>	1998-99 Proposed <u>2/</u>
	_____	_____	_____
TOTAL	\$1,169,216	\$1,327,016	\$1,333,962
General Fund	464,553	546,240	580,333
General Fund (Prop 98)	15,396	18,400	18,400
General Fund (Capital	14,513	16,317	39,461
Outlay)			
Traumatic Brain Injury Fund	500	500	500
Earthquake Safety and	-0-	-0-	1,253
Public Building			
Rehabilitation Fund			
Lottery Education Fund	228	250	287
Federal Trust Fund	39,974	40,179	38,786
Reimbursements	634,052	705,130	654,942
Positions	6,462.5	7,982.4	8,218.4
(Personnel Years)	6,462.5	7,584.9	7,604.2

1/ Includes information reflected in the 1998-99 Governor's Budget updated to reflect changes in the current year.

2/ Reflects the Department's budget including Finance Letter and May Revision adjustments.

ORGANIZATIONAL GOALS

Integrated Mental Health System

To promote an integrated mental health service system which is cost effective, consumer driven, consistent with public safety, coordinated with other interagency services, responsive and has positive outcomes.

Leadership

Continue role as recognized state and national leaders on issues affecting persons with mental illness.

Employee Empowerment

Provide an environment that respects, involves, provides appropriate training, and creates opportunities for all employees.

Consumer Empowerment

Provide an environment that respects and recognizes the importance of involving current and former consumers, and their families to contribute to the development and implementation of mental health programs, services and policies.

Educate the Public

To increase public awareness of mental illness, its personal and public impact, treatment strategies and availability of services.

GOAL 1

INTEGRATED MENTAL HEALTH SYSTEM

**FISCAL YEAR 1998-99
GOALS, OBJECTIVES AND PERFORMANCE MEASURES
STRATEGIC PLAN**

Goal 1	To promote an integrated mental health service system which is cost-effective, consumer-driven, safe, coordinated with other interagency services, responsive and has positive outcomes.
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Objective 1.1: Employ participatory, balanced planning and policy development processes

Performance Measure	Due Date	
1.1a Report quarterly regarding whether advisory groups met as needed to participate and provide input in the planning and development of the following initiatives.		
Managed Care Implementation	Quarterly	Chief, Systems I
Cultural Competence	Quarterly	Chief, Office of
Performance Outcomes	Quarterly	Chief, Systems I Evaluation
Dual Diagnosis	Quarterly	Chief, Systems I Evaluation
Client and Services Information System	Quarterly	Deputy Director

1.1b Each State Hospital will have an ongoing strategic plan process and evaluation which defines successes and areas that need improvement. The process will include internal and external stakeholders.	June 1998	Executive Director
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Objective 1.2: Advance systems of care through information exchange and training

Performance Measure	Due Date	
1.2a Secure contracted training to provide education, training, and technical assistance to county mental health and other stakeholders.	Each fiscal year	Deputy Director
1.2b Provide trend data and analysis related to Systems of Care changes.	Quarterly	Chief, Systems I Evaluation

Objective 1.3: Continue implementation of Mental Health Medi-Cal Consolidation (Managed Care)

Performance Measure	Due Date	
1.3a Determine final prepaid funding arrangement for Medi-Cal services.	September 1999	Chief, Systems I
1.3b Monitor operations of Mental Health Medi-Cal Consolidation and publish regular status report.	Annually	Deputy Director Chief, Systems I

Objective 1.4: Continue implementation of performance outcome measurement for Systems of Care

Performance Measure	Due Date	
1.4a Refine and fully implement children's performance outcome process.	July 1998	Chief, Systems I Evaluation

1.4b Refine and implement adult performance outcomes process.	April 1999	Chief, Systems I Evaluation
1.4c Develop and select older adult performance outcome measurement instruments.	July 1998	Chief, Systems I Evaluation
1.4d Test older adult performance outcome measurement instruments.	February 1999	Chief, Systems I Evaluation
1.4e Refine and implement older adult performance outcome process.	September 1999	Chief, Systems I Evaluation

Objective 1.5: Organize forensic inpatient and outpatient services

Performance Measure	Due Date	
1.5a Complete the Phase One Security Enhancements at Napa State Hospital.	March 1999	Deputy Director
1.5b Provide a plan for the long term housing and treatment of Sexually Violent Predators.	January 1999	Deputy Director
1.5c In collaboration with California Department of Corrections, the Department will convert the Vacaville day treatment program to an Intermediate Care Facility to provide replacement capacity for Atascadero State Hospital beds.	July 1998	Deputy Director

Objective 1.6: Create forensic outpatient treatment concepts that maximize the safety and security of the community

Performance Measure	Due Date	
1.6a Develop Conditional Release Program performance information to be used for future planning.	July 1998	Deputy Director

GOAL 2

LEADERSHIP

**FISCAL YEAR 1998-99
GOALS, OBJECTIVES AND PERFORMANCE MEASURES
STRATEGIC PLAN**

Goal 2	Continue role as recognized state and national leaders on issues affecting persons with mental i
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Objective 2.1: Participate in professional and mental health advocacy groups at the national level

Performance Measure	Due Date	
2.1a Designate individual employees as liaisons for each division and standing committees of the National Association of State Mental Health Program Directors. These individuals shall be responsible for acting as conduits of information between the department and other NASMHPD members.	September 1998	Director

Objective 2.2: Publish and disseminate information to all local programs and advocacy groups on the Str

Performance Measure	Due Date	
2.2a Distribute the Strategic Plan to constituency groups and local mental health directors.	August 1998	Strategic Planni
2.2b Monitor and track quarterly progress reporting of achievement towards meeting the goals, objectives and performance measures contained in the Strategic Plan.	Quarterly	Strategic Planni

Objective 2.3: Conduct program evaluation, research and other systematic investigations relevant to the and national policies and the effectiveness of department treatment initiatives

Performance Measure	Due Date	
2.3a Form task force to determine feasibility of designating individual departmental employees with appropriate credentials as liaisons with selected graduate/professional schools near departmental offices and hospitals. Liaisons will encourage and assist in organizing graduate study projects and theses relating to departmental initiatives and priorities.	January 1999	Office of Comm Relations
2.3b Test the risk assessment protocols for effectiveness and refine protocols as needed.	July 1998	Deputy Director

Objective 2.4: Publicize successful departmental programs

Performance Measure	Due Date	
2.4a Develop and issue two reports in publishable form, or simultaneously prepare briefs suitable for publication, and share with local/state entities.	October 1998	Office of Comm Relations
2.4b Maintain libraries to share information related to major projects staff work on. Establish a format and electronic communications platform.	December 1998	Deputy Director

Objective 2.5: Develop the Disaster Mental Health Plan

Performance Measure	Due Date	
2.5a Reestablish the Disaster Mental Health Plan Committee to develop the plan.	August 1998	Disaster Assista
2.5b Solicit department Executive Staff comments on revised draft plan.	August 1998	Disaster Assista
2.5c Incorporate comments for final Disaster Mental Health Plan Committee review.	October 1998	Disaster Assista
2.5d Submit final draft plan to Governor's Office of Emergency Services.	December 1998	Disaster Assista
2.5e Obtain California Emergency Council approval of the draft plan.	March 1999	Disaster Assista
2.5f Develop plan implementation guidelines and implement plan.	May 1999	Disaster Assista

Objective 2.6: Establish a culturally competent system that delivers services in a culturally-appropriate manner to people who are currently receiving services in the state hospitals and the Mental Health Plans. The department will implement the plan for the implementation of Mental Health Plan Cultural Competence requirements

Performance Measure	Due Date	
2.6a Development of a comprehensive Cultural Competence Plan for the Department. The plan elements for State Hospitals will be added at a future date when completed.	June 1999	Chief, Office of Deputy Director Executive Direc
2.6b Integrate cultural competence into department policies, program requirements, and regulations on an ongoing basis and as new policies and programs are developed.	Ongoing	Chief, Office of

2.6c Develop proposed State Hospital Cultural Competence Plan to be submitted for discussion and review to Executive Directors Council.	June 1999	Chief, Office of Deputy Director Executive Direc
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Objective 2.7: Establish a system for oversight of the cultural competence component of the Mental Heal

Performance Measure	Due Date	
2.7a Maintain and train teams for reviewing cultural competence plans submitted by Mental Health Plans.	Annually	Chief, Systems I Chief, Office of
2.7b Complete review of cultural competence plans.	October 1998	Chief, Systems I Chief, Office of
2.7c Develop protocol for oversight of cultural competence.	January 1999	Deputy Director
2.7d Implement system for oversight of Mental Health Plans using the established protocol.	June 1999	Deputy Director

Objective 2.8: Participate in the development of cultural competence capacity development

Performance Measure	Due Date	
2.8a Participate in the California Mental Health Directors' Association Human Resources Development Committee by continuing to work with professional schools to develop cultural competence curriculum and participate in conferences.	Biannually	Deputy Director

2.8b Collaborate with local mental health directors to establish service delivery needs for cultural development.	Ongoing	Chief, Office of
2.8c Analyze quantitative and qualitative information related to cultural competence of the public mental health system.	Semi-annually	Chief, Office of

GOAL 3

EMPLOYEE EMPOWERMENT

**FISCAL YEAR 1998-99
GOALS, OBJECTIVES AND PERFORMANCE MEASURES
STRATEGIC PLAN**

Goal 3	Provide an environment that respects, involves, provides appropriate training, and creates opportunities for employees.
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Objective 3.1: Develop a common value system and management philosophy

Performance Measure	Due Date	
3.1a Complete an employee handbook based on the department's work philosophy.	July 1998	Deputy Director
3.1b The staff development steering committee will develop a required core curriculum that includes the department's work philosophy and value system and provide staff training.	December 1998	Deputy Director
3.1c The staff development steering committee will develop and offer to all employees in-house workshops on Cultural Competency training.	August 1998	Deputy Director

Objective 3.2: Develop an employee recognition program

Performance Measure	Due Date	
3.2a Survey all Headquarters staff to solicit ideas for ways to recognize employee efforts. Implement viable proposals.	September 1998	Deputy Director

3.2b Allow a project team or unit to showcase their work project or program to the employees at Town Hall meetings at headquarters and hospitals (Executive Management Team encourages managers to solicit presentations).	Twice a year by June 1999	Director's Office Executive Director
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Objective 3.3: Maintain horizontal and vertical communication and problem solving at all levels

Performance Measure	Due Date	
3.3a Develop a format and include on the department's Intranet, information on major projects, the department's achievements, new hires, promotions, separations and employee guest articles.	November 1998	Deputy Director
3.3b Put hospital executives on the same electronic communications platform to allow interaction with headquarters.	July 1999	Deputy Director
3.3c Require Deputy Directors to have at least biannual division meetings with all employees or hold Town Hall meetings to foster information sharing, responsibility, accountability and team-building.	Biannually	Director's Office Deputy Director
3.3d Create an internal workgroup of employees to develop written recommendations on the best ways for employees to gain input, identify problems, adopt resolutions, and brainstorm issues on a departmentwide basis.	Create Employee Workgroup by August 1998 Develop recommendations by December 1998 Implement by June 1999	Deputy Director

Objective 3.4: Create positive opportunities that encourage employees to accept challenges, risk-taking, :

Performance Measure	Due Date	
3.4a Monitor all managers and supervisors to ensure one-on-one meetings with employees are held to discuss areas and levels of responsibility, delegated authority for which the employee can be accountable, discuss successes and failures, give personal feedback, encouragement, or suggestions for improvement.	At least annually as part of performance evaluation and future objectives	Deputy Director Executive Director

Objective 3.5: Facilitate employee career development

Performance Measure	Due Date	
3.5a The Career Development Task Force composed of Headquarters and hospital volunteers shall develop a feasibility report with recommendations for promoting employee career development.	July 1998	Deputy Director
3.5b The Training Office will establish a clearinghouse of information on all training being conducted or provided by the department.	July 1998	Deputy Director
3.5c Update and reissue department Upward Mobility Plan and Policy Directive.	July 1998	Deputy Director

Objective 3.6: Improve the work environment

Performance Measure	Due Date	
3.6a Physically locate all headquarters staff to meet functional needs of the department.	November 1998	Deputy Director
3.6b Utilize Information Technology Strategic Plan	Quarterly	Deputy Director

evaluation process to improve service delivery in the facilities and programs, support research efforts and minimize redundant manual functions. Report on status of information system needs, projects, and priorities and to make recommendations for automation and information technology improvements.		
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Objective 3.7: Support and recognize the value of a diverse work force within the department

Performance Measure	Due Date	
3.7a Direct recruitment efforts towards increasing the cultural, ethnic, educational, and occupational diversity of the applicant pools at all levels of classification and the employment of consumer and family members.	November 1998	Chief, Office of Chief, Office of

GOAL 4

CONSUMER EMPOWERMENT

FISCAL YEAR 1998-99
GOALS, OBJECTIVES AND PERFORMANCE MEASURES
STRATEGIC PLAN

Goal 4	Provide an environment that respects and recognizes the importance of involving current and their families to contribute to the development, and implementation of mental health program
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Objective 4.1: Expand opportunities for direct involvement for consumers and families in all aspects of m (policy setting, program design, provision of services, and evaluation)

Performance Measure	Due Date	
4.1a Ensure consumer and family membership representation on the Mental Health Planning Council, the Managed Mental Health Care Steering Committee the Consumer Focus Group on State Hospitals, the Client and Family Member Task Force, and other policy workgroup and advisory committees.	July 1998; Appointments will be made on an as needed basis	Office of Comm Relations and D
4.1b Support consumer and family empowerment through contracts with the California Network of Mental Health Clients, the California Alliance of the Mentally Ill, and the California Association of Local Mental Health Boards and Commissions.	Annually	Office of Comm Relations

Objective 4.2: Provide technical assistance to consumer operated programs (i.e., grant writing, administrative publicity)

Performance Measure	Due Date	
4.2a Provide technical assistance to consumer operated state contractors as requested.	Biannually	Office of Comm Relations

Objective 4.3: Recognize successful client operated programs

Performance Measure	Due Date	
4.3a Explore and develop a process to recognize innovative client operated programs.	January 1999	Office of Comm Relations

Objective 4.4: Facilitate consumer and family representation on state committees, task forces and confer

Performance Measure	Due Date	
4.4a Reimburse travel expenses to consumer and family members appointed to department task forces, when attending committee meetings, and/or approved conferences. Explore other methods of payment to consumers and family members.	Quarterly	Deputy Director
4.4b Review and modify protocol to compensate designated consumers and family members who participate as technical consultants.	August 1998	Deputy Director

Objective 4.5: Expand consumer empowerment activities in the state hospitals

Performance Measure	Due Date	
4.5a The Client Assessment of Strengths, Interests and Goals, developed by the Client and Family Task Force, in use at Napa and Metropolitan State Hospitals will be reviewed and revised as necessary for use at targeted state hospitals.	September 1998	Executive Direc Executive Direc Hospital

GOAL 5

EDUCATE THE PUBLIC

FISCAL YEAR 1998-99
GOALS, OBJECTIVES AND PERFORMANCE MEASURES
STRATEGIC PLAN

Goal 5	To increase public awareness of mental illness, its personal and public impact, treatment strategies, and services.
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Objective 5.1: Increase general public and employee awareness and education

Performance Measure	Due Date	
<p>5.1a Develop a plan for the use of a Speakers Bureau to outreach target audiences.</p> <p>The plan should identify (a) target audiences (including local legislative offices, schools, service organizations, business and community groups), (b) method(s) to obtain opportunities to present to these audiences and (c) specific timelines for implementation.</p> <p>Develop a method for distributing and updating the DMH Speakers Bureau.</p> <p>Establish a Speakers Bureau list for department use for staff development, training, and education during staff meetings, or other appropriate times on relevant mental health issues and programs. This information, provided through a brochure, will be available to staff via the department's Internet.</p>	September 1998	Office of Community Relations
5.1b Create a task force to explore and develop approaches to destigmatizing mental illness.	<p>Create task force by August 1998</p> <p>Develop approaches by January 1999</p>	Office of Community Relations

5.1c Clinicians at Headquarters and State Hospitals serve as guest speakers on mental health issues.	September 1998	Office of Comm Relations
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Objective 5.2: Share information with consumers, families, providers, constituencies and other state ager

Performance Measure	Due Date	
5.2a In collaboration with other affected state departments, county mental health programs and other stakeholders, develop a sample statewide Memorandum of Understanding between managed care plans and mental health plans that includes specific, easily understood processes to facilitate coordination of physical health and mental health care for Medi-Cal beneficiaries and Healthy Families enrollees.	January 1999	Chief, Systems I
5.2b Develop oversight strategies to review coordination between physical health and mental health care.	January 1999	Deputy Director Chief, Systems I
5.2c Through the Department's Internet Home Page and the speakers bureau, increase other state agencies' awareness and education by communicating regularly, providing input and review of relevant programs in other departments; providing mental health resource materials, mental health training, and program information on Headquarters and State Hospitals activities.	December 1998	Office of Comm Relations

KEY TERMINOLOGY

Core Values. Individual values are deep-seeded standards that influence every aspect of our lives. the foundation of the California Department of Mental Health's philosophy for success. Core values : stands for in its communications with employees, customers served and community relations. Linking organizational values provide the foundation for the performance measure, the mission and the struc Department of Mental Health.

External Customers. Those outside the California Department of Mental Health to whom we provide. Stakeholders include are all who have a stake in the welfare or success of the organization including customers, providers, the community, other state departments and the public at large.

Goal. A statement of achievement that is proposed to be accomplished.

Internal Customers. Employees within the California Department of Mental Health to whom we provide and have a vested interest in our department.

Mission Statement. Establishes the purpose of the organization. A mission defines the way we will services and how we will bring value to our customers.

Objectives, Performance Measures. Objectives and performance measures determine how the department goals within a specified time.

Strategic Plan. A practical action-oriented guide, based upon examination of internal and external factors setting and resource allocation to achieve meaningful results over time. Reflects a clear statement of mission, and values. Identifies goals from which objectives and specific strategies are derived. As part of all budget change proposals will be linked to the Strategic Plan. All 1999-2000 budget change proposals consistent with the Strategic Plan.

Vision Statement. A clear, positive, forceful statement that captures the ideal future of an organization of a dynamic preferred future state that people are committed to. Vision statements focus on what you want not how to make it happen.

The art following the Mission Statement was created by Eddie in art therapy at Napa State Hospital. The image was previously published in the 1997 Art of Healing Children Engagement Calendar.

Copies of this Strategic Plan may be obtained by writing or contacting:

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